## SALMON BROOK PARK SUMMER PROGRAM REGISTRATION FORM

DOB Grade 9/03 Sc Address	chool	
Address Daytime Pl		
	ZIP	
Cell Phone	hone	
D //C I' M		
Parent/Guardian Name	obvoitton ).	
Name Relationship	Phone	
PROGRAM REGISTRATI		
SALMON BROOK PARK MEMBERSHIP	\$	
Family Adult Youth Please name each person:		
DAY CAMP (Please complete medical form on back)	\$	
Specify ✓ either week 1 or week 2 of each session    6/23-7/3 /   1 7/7-7/18 /	,	
6/23-7/3/		
Day Comp Light Day Comp Cuper Cong Com	.n. /Two.no	
Day Camp Half-Day Camp Super Gang Cam Little BuddiesJr. Ass'ts CIT – 1 <sup>st</sup> Year	np	_
LESS EARLY REGISTRATION DISCOUNT (by 6/5)		
> LESS ADD'T'L FAMILY MEMBER	\$	
TEEN SIZZLERS	\$	
6/26 7/10 7/24 7/31 8/14	!	
G <b>V</b>	ф	
SWIM LESSONS Jr. Lifeguard 1 <sup>st</sup> Year 2 <sup>nd</sup> Year	\$	
Community Water Safety, Sat., 6/9 & 6/26		
Swim Lessons         Swim Level         Ner           I         6/23-7/3         II         7/7-7/18	eed testing	
I 6/23-7/3 II 7/7-7/18 III 7/21-8/1 IV 8/4-8/15		
111 //21-0/1 IV 0/4-0/13		
NON DECIDENT FEED (**	\$	
NON-RESIDENT FEES (\$5 per session per child)	\$	
<ul><li>NON-RESIDENT FEES (\$5 per session per child)</li><li>TOTAL AMOUNT ENCLOSED</li></ul>		
TOTAL AMOUNT ENCLOSED  EMERGENCY AUTHORIZATION: I understand that in any amount of risk involved. Parent/guardian signature on this those risks, permission to participate and consent for the staff at	form indicates recognit at Salmon Brook Park to	
TOTAL AMOUNT ENCLOSED EMERGENCY AUTHORIZATION: I understand that in any	form indicates recognit at Salmon Brook Park to :	

## SALMON BROOK PARK SUMMER PROGRAM REGISTRATION FORM

PARTICIPANT NA	ME (Last, First)		
Nick Name		Age	Sex
Nick Name	Grade 9/03	School	
Address			ZIP
Home Phone		<b>Daytime Phone</b>	
Cell Phone			
Parent/Guardian Na	.me		
In Case of Emergence			
Name			Daytime
Relationship			Phone
	PROGRAM RE	EGISTRATION	
SALMON BROOK PAR	RK MEMBERSHIP	\$	
Family Adul	t Youth		
Please name each person			
	_		
DAY CAMP (Please co	omplete medical form	on back) \$	
Specify ✓ either week 1	or week 2 of each session	n	
i 6/23-7/3/_ iii 7/21-8/1/_	11 7/2	7-7/18/	
III 7/21-8/1/_	IV 8/4	4-8/15/	
Day Camp Half-	-Day Camp Su	per Gang Camp	'Tweens
Day Camp Half- Little BuddiesJr. A	ss'ts CI	T – 1 <sup>st</sup> Year	2nd Year
	GISTRATION DISCOU	JNT (by 6/5) \$	
► LESS ADD'T'L F	AMILY MEMBER	\$ _	
TEEN SIZZLERS		4	
6/26 7/10	7/24 7/31	Ψ <u></u> 8/14	
0/20 //10	_ //2!		
SWIM LESSONS		\$ _	
Jr. Lifeguard 1 <sup>st</sup> Year	2 <sup>nd</sup> Year		
Community Water Safety	, Sat., 6/9 & 6/26	Nood too	tina
6/23-7/3	II 7/7-7/18	Need tes	ung
Swim Lessons           I         6/23-7/3           III         7/21-8/1	IV 8/4-8/15		
	NT FEES (\$5 per sessi	on per child) \$_	<u> </u>
> TOTAL AMO	OUNT ENCLOSED	<b>\$</b> _	
EMERGENCY AUTHOR	IZATION: I understa	nd that in any activ	rity there is an inheren
amount of risk involved	. Parent/guardian signa	ature on this form	indicates recognition of
those risks, permission to			on Brook Park to secur
emergency medical treat	ment in the event I cann	ot be reached.	
Parent/Guardian Signatu	re	Date	
· ·			
DATE REC'D	CHECK #	_CASH	

MEDICAL CARD - For Day Camp Only		Medical Card – For Day Camp Only			
Camper's Name			Camper's Name		
<del></del>			Address		ZIP
Address		ZIP	Home Phone	Age as of	Grade
Home Phone	Age as of		DOB	7/1/04	9/04
DOB	7/1/04	9/04			
			Mother/Guardian		
Mother/Guardian	0    0		Daytime Phone	Cell Phone	
Daytime Phone	Cell Phone _				
Falls and Falls an			Father/ Father		<u> </u>
Father/ Father	Call Dhara		Daytime Phone	Cell Phone	
Daytime Phone	Cell Phone _				
Child Lives With:			Child Lives With:		
The well-being of your child you would like us to know al			The well-being of your child you would like us to know at	bout your camper?	
Allergies (foods, smells, hay	favor noison ivy insact	hitas asthma atc.) &	Allergies (foods, smells, hay	tever, poison ivy, insect	t bites, asthma, etc.) &
medications:			medications:	d NOT a subtain at a larg	
What activities can your child	d NOT participate in?		What activities can your child	ı NOT participate in?	
<b>3</b>			Why?		
Why?			What medications is your chi	ild currently taking?	
What medications is your ch	ild currently taking?		Timat medications is your on	ina dan dinang tanang.	
	, , ,		What for?		
What for?			List meds your child has to bring to camp:		
List meds your child has to b	oring to camp:				
<u>PLEASE NOTE:</u> The staff dunable to administer them him			PLEASE NOTE: The staff d is unable to administer them cam		
EMERGENCY AUTHORIZATI inherent amount of risk involve recognition of those risks, pe Salmon Brook Park to secure er reached.	ed. Parent/guardian signato ermission to participate and	ure on this form indicates consent for the staff at	EMERGENCY AUTHORIZATI inherent amount of risk involve recognition of those risks, pe Salmon Brook Park to secure er reached.	ed. Parent/guardian signa ermission to participate ar	iture on this form indicates nd consent for the staff at
Parent/Guardian Signature		 Date	Parent/Guardian Signature		 Date